Allergy Abstracts

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Allergy Abstracts

Asthma and Hay Fever

Qualitative Differences Among Canine Danders. Hooker, S. B.: Ann. Allergy **2**: 281, 1944.

By direct and indirect skin tests, it has been demonstrated that sensitivity to dog dander may vary according to the breed of dog. Cross-neutralization occurred between some breeds but not between others. The problems which arise from these findings are important inasmuch as the multilateral descent of the dog makes it a practical impossibility to obtain a representative multivalent extract of dog dander.

F.

Treatment of Bronchial Asthma by Intensive Breathing Therapy. Weisser, H. I.: Arch. Phys. Therapy **25**: 461, 1944.

Twenty-nine children and ten adults suffering from bronchial asthma were treated by physical therapy alone. Exercises were given to prolong the expiration time, increase expectoration, strengthen the respiratory muscles, and produce the habit of breathing deeply. The exercises were also designed to correct the physical and psychological changes caused by frequent attacks and to render the rigid thorax more elastic. The nervous factor was a prominent feature in all the individuals studied and was frequently the cause of the attacks. The thoracic excursion and the vital capacity were markedly diminished in all the patients. Intensified breathing therapy consisted of massage, rhythmic compressions of the thorax, resounding breathing exercises, and regulated gymnastics. This type of therapy was continued daily for a period of months or years. Gradually, the tolerance for exercise increased, and the attacks of dyspnea produced by physical exertion were overcome by the patient's capacity to regulate respiration. As a result of treatment, the expiration time diminishes and the vital capacity increases.

All the patients in the series were observed for at least a year after treatment had been instituted. Thirteen of the twenty-nine asthmatic children were kept free of attacks by intensive breathing therapy for a period of three and a half years. Ten showed some improvement and six obtained no relief. Among the adults treated, one remained free of attacks, five showed improvement, and four showed no improvement. It is concluded that intensive breathing exercises are of considerable value in the treatment of chronic asthma, especially among children.

A.

Eosinophilic Infiltration of the Lungs (Loeffler's Syndrome). Jones, S. H., and Souders, C. R.: New England J. Med. **231**: 356, 1944.

Loeffler's syndrome must be differentiated from tuberculosis, bronchiectasis, neoplasm, and so-called abortive pneumonias. In a series of fluoroscopic examinations of the chests of 6,283 men discharged from the Army, 55 showed abnormalities, 13 of which were regarded as eosinophilic infiltration.

A case of eosinophilic infiltration of the lungs which occurred in a 33-year-old Negro woman is reported. The exact nature of the pathologic picture and the etiology in Loeffler's syndrome are unknown. The condition, however, is most frequently associated with allergic rhinitis and asthma and often occurs in individuals with positive family histories of allergy. Tuberculosis, parasitic infestation, brucellosis, trichinosis, pollinosis, and other conditions have at some time or other been regarded as the etiologic agents of Loeffler's syndrome. The symptoms and signs of Loeffler's syndrome, from which the diagnosis may be made, include cough, wheezing, malaise, occasionally slight elevations in temperature, diminished resonance with sibilant râles over various pulmonary areas, and positive roentgenographic findings. Leucocytosis and oesinophilia are often present. Eosinophilia may vary from 10 to 60 per cent and is usually highest when the infiltration is disappearing. The eosinophile count does not parallel the degree of pulmonary infiltration. The roentgenographic changes are the most characteristic signs of the syndrome. Loeffler's syndrome is most probably an allergic manifestation.

A.

Eosinophilia With Pulmonary Diseases on Return From Tropics. Apley, J., and Grant, G. H.: Lancet **2**: 308, 1944.

Eosinophilia in Europeans returning from the tropics is now very frequent. In the majority of these cases, the cause of the eosinophilia may be attributed to parasitic infections, allergy, or skin diseases. An additional group of patients have eosinophilia and a history of cough, wheezing, and radiographic evidence of transient pulmonary infiltrations. A differential diagnosis between these cases and those with Loeffler's syndrome is not clear and it may well be that they both fit into the same classification.

H.

Loeffler's Syndrome. Pirkle, H. B., and Davin, J. R.: Am. Rev. Tubere. **50**: 48, 1944.

A case of transient pulmonary infiltration associated with blood eosinophilia occurring in a patient without an allergic history is presented. Roentgenograms of the lung fields revealed pulmonary infiltration which was originally diagnosed as tuberculosis. Subsequent chest

plates and the course of events suggested Loeffler's syndrome as the probable diagnosis. The pneumonitis continued to migrate for eight months. No etiological factor could be established in the case.

F.

Beta Vulgaris, Variety Maritima, an Important and Unknown Factor of Pollinosis in Southern Argentina. Ballestero, L. H., and Monticelli, J. V.: Rev. Soc. argent. de biol. **20**: 8, 1944.

Pollen studies in Bahia Blanca reveal that, in this zone, the pollen of a certain type of chenopod is present in the air in appreciable quantities long before the expected dates of chenopod pollination. This would explain why many patients with chenopod sensitivity showed symptoms in advance of what was reported to be the season of chenopod pollination. This previously unreported type of chenopod pollen is *Beta vulgaris,* variety maritima, which grows in great quantity in the Bahia Blanca district and pollinates from the last days of October to the first days of December. The pollen granules measure about 20 μ in diameter. Intracutaneous tests performed with extracts of this pollen on 150 patients in this area showed many positive reactions. Treatment with this pollen in the last two years yielded good results.

J. L. CORTES.

Precipitation of Pulmonary Edema by an Overdose of Antigen in a Patient With Rheumatic Mitral Disease. Deissler, K. J.: Ann. Allergy **2**: 299, 1944.

A patient with long-standing mitral disease developed pulmonary edema following an overdose of pollen antigen. Shortly after the treatment, the patient began to cough and expectorate a thin, pink, watery fluid. The respiratory distress differed from that of asthma. Signs and symptoms of pulmonary edema developed, including a drop in blood pressure and an increase in pulse rate. The usual treatment for systemic reactions was ineffectual and morphine sulfate was then given with excellent results. The patient's cardiac reserve was notably lowered for some time following the reactions and it was necessary to digitalize her.

F.

Geographic Distribution of the Ambrosia Tenuifolia in Argentina. Ruiz Moreno, G., and Spegazzini, R.: Ann. Inst. Phys. Investigation **5**: 153, 1943.

Ambrosia tenuifolia is reported to be the most important offender in pollinosis cases in Argentina. This species is frequently found in southern Brazil, Paraguay, and Argentina. Pollination occurs between the months of November and April, but the season varies with the

region. In Buenos Aires, this pollen is found only during the months of January, February, and March.

J. L. CORTES.

Dermatology

An Unusual Form of Occupational Dermatitis. Schwartz, L.: Arch. Dermat. & Syph. **50**: 25, 1944.

An unusual form of occupational dermatitis occurred in a plant manufacturing hydrochloric acid. The lesion consisted of an acute dermatitis of the exposed portions of the body and an eruption of comedos, acnelike cysts and pustules. Melanosis and photosensitization were also noted. The condition developed at a time when the procedure for the manufacture of the hydrochloric acid was being altered. The change consisted of the addition of a small percentage of soft coal to the salt briquettes, from which the acid was made, in order to speed up the process. The men who developed the lesions were employed in cleaning out the towers in which the acid was made. Patch tests traced the offending substance to a yellow, waxy deposit present on the walls of the towers. This waxy deposit was found to be a primary irritant. It consisted of pitch and chlorinated hydrocarbons mixed with hydrochloric acid.

A.

Occupational Contact Dermatitis of Aircraft Workers. Hall, A. F.: J. A. M. A. **125**: 179, 1944.

The terms "dural poisoning," "aluminum poisoning," and "metal poisoning" are being used incorrectly to include all types of contact dermatoses occurring among aircraft workers. An analysis of all dermatologic cases seen in an industrial clinic of a large aircraft manufacturing plant showed that one-third were of nonoccupational origin. Of two hundred and two patients with occupational contact skin disorders, exclusive of oil folliculitis, only 5 per cent were caused by dural, 2 per cent by aluminum, and a total of 23.2 per cent by one or more of twenty-five various minor contactants. Zinc chromate primer was found to be the cause in 65.3 per cent of the cases reviewed. This material is used as a coating for metal, and a large number of workers are exposed to it. Sensitization may be to the zinc chromate pigment itself (68 per cent), or to the resins present in the primer (17 per cent), or to both (15 per cent). Of the cases proven to be sensitive to the primer, 97 per cent gave positive patch test reactions. Sensitivities to the various offending substances are characterized by differences in the length of exposure before sensitization occurs, in distribution of lesions, and in morphologic character of the eruption. Once sensitization to the pigment or resin occurs, there is never a return to the normal state, and even the most indirect contact may initiate a flare-up. Prophylactic

measures are usually of no avail and the patient must be transferred to other work far removed from any contact with the offending substances. Most of the patients sensitive to the zinc chromate pigment are also sensitive to other chromates and chromic acid. Sensitivities to dural and aluminum have clinical characteristics which distinguish them from the zinc chromate primer cases. All the dermatoses have the following features in common: pruritus, improvement over week ends when patients are away from work, complete recovery after one to four weeks' freedom from contact, and absence of any systemic symptoms.

F.

Dermatitis Due to Nail Polish. Keil, H., and Van Dyck, L. S.: Arch. Dermat. & Syph. **50**: 39, 1944.

Twenty-six patients with nail polish dermatitis were studied. It was found that the base, plasticizers, coloring matter, solvents, perfumes, etc. play a negligible role in the causation of nail polish dermatitis and only occasionally cause trouble. None of the patients in this series was found to be sensitive to nail polish removers. Of the 26 subjects patch-tested with toluene sulfonamide resin, 25 showed strongly positive reactions. In 15 control subjects patch-tested with the same substance, completely negative reactions were obtained, indicating that toluene sulfonamide resin is not a primary irritant. Individuals who were positive to toluene sulfonamide resin frequently showed positive reactions to related chemical fractions and derivatives, such as melamine formaldehyde resin, condensate of toluene sulfonamide and formaldehyde, toluene sulfonamide (ortho and para mixture), and, occasionally, formaldehyde. Of four of the subjects patch-tested with sulfonamide, one showed a positive reaction, although the patient denied any previous contact with this chemical. Since the majority of nail polishes sold in the New York area contain toluene sulfonamide resin, individuals sensitive to this substance have difficulty with most nail polishes. Despite negative patch tests to toluene sulfonamide resin, one may still be unable to tolerate certain nail polishes because of sensitivity to other ingredients present in the polish. Toluene sulfonamide resin is present in some straw hat lacquers but apparently this substance is not an ingredient of hair lacquers. Combined sensitivity to nail polishes and other cosmetics may be due to multiple sensitivities, group sensitivity to similar compounds, or to the presence of a common constituent.

A.

Contact Dermatitis Produced by Tincture of Merthiolate. Hollander, L.: Arch. Dermat. & Syph. **50**: 123, 1944.

A persistent dermatitis of the flexor surfaces of all the fingers and both thumbs was found to be due to the continuous application of tincture of merthiolate over a period of two years. The lesions consisted of a

thickening and cracking of the skin at the tips of the fingers and thumbs, and were limited to the cutaneous surface of the distal phalanges. The dermatitis persisted despite the use of x-ray therapy and various other therapeutic procedures. The dermatitis began a few weeks after tincture of merthiolate had been applied to the fingers following a brush-burn of both hands. A patch test performed with tincture of merthiolate showed a positive reaction. The lesions improved rapidly when applications of the drug were discontinued.

A.

Recurrent Vesicular Eruptions Appearing During Administration of Penicillin. Graves, W. N., Carpenter, C. C., and Unangst, R. W.: Arch. Dermat. & Syph. **50**: 6, 1944.

Two patients developed vesicular eruptions shortly after receiving injections of penicillin. One developed a vesicular eruption of the hands and feet within three hours after he had received his first injection of penicillin. With each succeeding injection, new lesions appeared. Petechiae also appeared on the feet, legs, and forearms. The lesions disappeared when penicillin therapy was discontinued. A patch test with penicillin was negative, but an intracutaneous test showed a delayed positive reaction in ninety-six hours. A positive reaction was also obtained with trichophyton extract by intracutaneous test. The patient gave a negative personal history for allergy, but had had vesicular eruptions on the hands and feet during the last two summers. The second patient developed an itchy vesicular eruption on the fingers and palms within twenty-four hours after his first injection of penicillin. He had had a similar eruption of the hands about a year previously, the cause of which had never been determined. The lesions gradually subsided on the third day despite the fact that penicillin therapy was continued. Intracutaneous tests were negative with penicillin and positive with trichophyton. Scrapings made from the lesions and cultures were negative for fungi. Three possible causes of the vesicular lesions were suggested. (1) The lesions may have been produced by an antigen common to Penicillium and Trichophyton. (2) The lesions may have resulted from toxins liberated from foci of infection by the penicillin. (3) The eruptions may have been due to the penicillin or substances introduced in its manufacture.

A.

Fixed Eruption From Sulfadiazine or Sulfamerazine. Freeman, H. E.: Arch. Dermat. & Syph. **50**: 45, 1944.

This is said to be the first case report of a fixed drug eruption due to sulfadiazine. The patient showed a slightly raised, bright purplish red eruption, about the size of a quarter, on the dorsum of the right thumb. He gave a history of having had a similar eruption in the same

area about three months previously. The last eruption had followed the second dose of 1 Gm. of sulfadiazine, which was taken for rheumatoid arthritis. The eruption subsided when the use of the drug was discontinued. Six weeks later, within six hours after having taken 2 Gm. of sulfadiazine, the same eruption recurred. Patch tests with sulfadiazine were negative. Recurrences of the fixed eruption also followed the ingestion of sulfamerazine.

A.

Rat Mite Dermatitis. Anderson, C. R.: Arch. Dermat. & Syph. **50**: 90, 1944.

Rat mite dermatitis occurs in widely separated parts of the world but is rarely reported because of the failure to recognize it. The lesions appear on the trunk, extremities, and neck, and consist of pruritic, hive-like lesions in groups of two or more. The author's patient was a white female who had been suffering from an itching eruption for several weeks. A diagnosis of scabies had been made, but the patient failed to improve under sulfur therapy. Examination revealed the presence of groups of two to four split-pea-sized papules and wheals on both thighs, in both inguinal regions, on the lower abdomen, over the left scapula, and on the right arm. The patient stated that for three years her house had been infested with rats. Both the patient and her mother developed pruritic rashes about two weeks after cleaning out a cupboard. Crawling rat mites were found in the home. Examination of the mite revealed that it was a species known as Tropical rat mite (*Liponyssus bacoti*, Hirst, 1914). Fumigating the premises with hydrocyanic gas destroys the rats which are hosts to the mites and thus eliminates the condition.

A.

Histopathology of Eczematoid Dermatoses. Sachs, W., Miller, C. S., and Gray, M.: Ann. Allergy **2**: 289, 1944.

In discussing various allergic dermatoses, the authors point out that the pathologic process in all is superficial in character. Contact dermatitis may be either of the serous or the necrotic type. In the serous type, the vesicles are on the surface of the epidermis, are usually multiple, and vary in size and location. In the primary irritant type, the vesicles are small, usually few in number, and contain necrotic elements. In both types, little or no acanthosis exists and there is a mild, superficial inflammatory reaction. Neurodermatitis has a nonedematous regular acanthosis, with thickening of the walls of the small arteries and focal cellular reaction. Nummular eczema shows the same type of epidermis and cutis as neurodermatitis, plus intraepidermic vesicles. Eczema is not regarded as a disease in itself, but as an expression of several diseases. It shows an extensive cutis reaction which involves the capillaries and is accompanied by an intense diffuse cellular reaction.

An irregular acanthosis is usually present, with signs of edema. In none of these conditions is degeneration found, and the cellular reactions never contain plasma, epithelioid, or giant cells. These processes usually subside without sequelae.

F.

Otorhinology and Ophthalmology

The Problem of Nasal Medication With Particular Reference to Privine HCl 0.1 Per Cent. Gollom, J.: Canad. M. A. J. **51**: 123, 1944.

Most vasoconstricting drugs, when used in the nose, produce secondary reactions such as turgescence, atony, and bogginess. Privine hydrochloride, 0.1 per cent, was introduced, in 1942, as an effective, nontoxic nasal vasoconstrictor. It was said to be isotonic, to have a pH of 6.2, and to act favorably on ciliary activity. Privine is 2-naphthyl-methyl imidazoline, a chemical closely related to epinephrine. In one year (1943), the author saw more than thirty patients who became practically addicted to the use of privine for the relief of nasal obstruction. Most patients stated that they began to use privine for the nasal congestion of colds or during the hay fever season. At first, they found that two or three instillations in twenty-four hours produced rapid and adequate relief. Gradually, however, they began to use it more frequently since the nasal congestion recurred as often as every two or three hours during the day and night. Some reported a feeling of suffocation when they attempted to discontinue the drug.

Four typical case histories, demonstrating the chronic nasal congestion which resulted from the continued use of privine, are presented. When the privine effect wore off, the turbinates appeared swollen, doughy, and pale. In each case, complete clinical relief was obtained within three to ten days after the drug was discontinued. Nembutal was used as a sedative to allay the discomfort during this period. Privine should never be used for longer periods than a few days at any one time. The author suggests that its sale without prescription should be prohibited.

C.

The Abuse of Vasoconstrictors in Hay Fever and Vasomotor Rhinitis. Sternberg, L.: New York State J. Med. **44**: 1573, 1944.

Vasoconstrictors, as palliative measures in vasomotor rhinitis and hay fever, should be used with discretion. Case reports are presented of patients in whom the nasal discharge and obstruction were increased as a result of excessive use of various vasoconstrictors. In many cases, the allergic mucous membrane may become refractory to medication as a result of frequent and prolonged contact with vasoconstrictors. The membrane may remain continuously waterlogged until all medication is

discontinued. The author prefers the use of a spray to drops, and recommends their use twice daily.

C.

Contact Testing of the Buccal Mucous Membrane for Stomatitis Venenata. Goldman, L., and Goldman, B.: Arch. Dermat. & Syph. **50**: 79, 1944.

Several methods of contact testing the buccal mucous membrane for stomatitis venenata are described. The most satisfactory method is the so-called "rubber suction" technique. A soft black rubber suction cup, such as is used to fasten display advertisements by suction to surfaces, is employed. A small amount of collodion is placed in the central depression area and then a piece of cotton is packed on top so that the depression is filled. The material to be tested is placed on the cotton and, if fixation is desired, the cup is held in position with dental floss wound around the teeth. Positive reactions have been observed after as little as five minutes of contact. The average contact time in the series of tests was twenty to thirty minutes. The application, in some instances, was left on overnight.

Ten cases of contact stomatitis and five control cases were tested by the technique described. The reactions were recorded as (1) simple erythema, (2) erythema-edema, which is the most common, (3) erythema-edema-ulceration, and (4) necrosis. Positive reactions were obtained with toothpaste, plate cleaner, oil of lavender, and mercury. One patient with a cashew nut stomatitis and dermatitis showed a positive patch test with cashew nut oil but was not tested buccally.

In another series of studies, routine mucous membrane testing was done on several cases of contact dermatitis. None of these individuals had stomatitis. Positive mucous membrane reactions were observed in four of six cases with positive patch tests to nickel, in two of ten with positive patch tests to poison ivy, and in one of two patients with positive patch tests to procaine hydrochloride. It was concluded that contact stomatitis is not a common condition. It may be caused by a great number of substances, such as foods, drugs, poison ivy, oleoresins, and, particularly, by metallic dentures. Individuals who are skin-sensitive to nickel usually have a hypersensitivity of the buccal mucosa to the same metal. Contact testing of the buccal mucosa before using metallic dentures may be of some value as a prophylactic measure.

C.

Miscellaneous Allergies

Allergic Cholecystopathy. Cancado, J. R.: Rev. med.-cir. do brasil **52**: 157, 1944.

Allergic cholecystopathy has formerly been considered unusual, but with more experience and a better knowledge of the subject, the diag-

nosis is now being made more frequently. In arriving at the diagnosis, many factors should be taken into consideration. The presence of an allergic history in the patient or in his family supports the diagnosis. The absence of typical or characteristic signs and symptoms of an organic lesion should suggest the possibility of allergy. Skin tests are of limited value but, nevertheless, should be tried and carefully interpreted. Eosinophile studies are not reliable criteria. The response of symptoms to adrenalin may be an important aid in diagnosis. Most information is to be obtained with elimination diets. The best therapeutic approach is the elimination of the offending foods or drugs.

J. L. CORTES.

Palindromic Rheumatism. Hench, P. S., and Rosenberg, E. F.: Arch. Int. Med. **73**: 293, 1944.

Thirty-four cases of an unusual nature, in which there was recurring involvement of the joints and adjacent tissues, were observed over a period of many years. The characteristic features of the disease are multiple afebrile attacks of acute arthritis, periarthritis, and paraarthritis associated with pain, swelling, redness, and disability, usually affecting only one small or large joint but sometimes involving several. The attacks occur suddenly, last a few hours or days, and then disappear, but tend to recur at irregular intervals. No permanent pathologic changes are left after repeated attacks. Six typical cases are described in detail. In one case, the articular reactions were suspected of being allergic, since the patient had frequent attacks of hives and the arthritis disappeared after dietary restrictions were instituted. However, the arthritis did not recur when the patient resumed his regular diet.

Analysis of the clinical material revealed that palindromic rheumatism is not a common disease and occurs with equal frequency in both sexes. The frequency and regularity of attacks varied widely. The attacks lasted from a few hours to three days and were usually associated with much pain. The joints involved, in order of frequency, were fingers, wrists, shoulders, knees, toes, and elbows. In this series, 53 per cent of the thirty-four cases gave a personal history of some allergic disturbance. The family history for allergy was negative in 71 per cent of the cases. Skin tests were completely negative in 79 per cent of the cases tested. The absence of eosinophilia, and the negative effects of food eliminations, epinephrine administration, and histamine therapy suggested a nonallergic etiology for this condition. In the differential diagnosis, rheumatoid arthritis, periarticular fibrositis, intermittent hydrarthrosis, rheumatic fever, gout, angioneural arthrosis, and "allergic rheumatism" (Kahlmeter) were considered. There was a marked resemblance between palindromic rheumatism and angioneural arthrosis described by Solis-Cohen, in 1911. However, angioneural arthrosis, unlike palindromic

rheumatism, is often febrile and polyarticular. "Allergic rheumatism," described by Kahlmeter, in 1939, most closely resembles palindromic rheumatism, except for a few minor clinical characteristics. The authors concluded that palindromic rheumatism is a distinct clinical entity of unknown etiology. The allergic nature of this condition is highly doubtful.

A.

Oral Deallergization of Food Allergy With Propeptans. Urbach, E.: Arch. Pediat. **61**: 184, 1944.

Propeptans are obtained by the digestion of individual proteins with hydrochloric acid, pepsin, and trypsin. They consist mainly of proteoses but include peptones, simple peptides, and amino acids. Propeptans may be employed in the diagnosis and treatment of food allergy. The administration of the specific food propeptan, prior to the ingestion of a larger quantity of the food, prevents an allergic reaction to that food. Specific propeptans for each food in a meal should be administered, in capsules, forty-five minutes prior to eating. Meals should be at least four hours apart. In cases of extreme sensitivity, propeptans themselves may produce reactions. The identity of the individual offenders may be determined by omitting one propeptan after another, every second day, while the corresponding food is retained in the diet. If the propeptan diet fails to relieve the symptoms of food allergy, then, carbohydrates, fats, salts, and acids should be eliminated from the diet, one after another.

Once the offending foods have been determined, deallergization may be accomplished by feeding the offending foods at least once daily, preceded by administration of capsules of the species-specific propeptans forty-five minutes before the meal. The average period of time required for complete deallergization is between two and three weeks. Polypropeptan therapy, in which each capsule contains twelve different species-specific propeptans, may be employed when one does not wish to determine the offending food. The possible sources of error in propeptan therapy are enumerated.

A.

Changes in Sensitivity to Allergenic Foods in Arthritis. Turnbull, J. A.: Am. J. Digest. Dis. **11**: 182, 1944.

Over a period of twenty years the author has found many cases of arthritis which were caused by food sensitivity. Elimination of some of the foods to which the patient showed positive skin reactions resulted in an improvement of symptoms. Return of the arthritis was correlated with a change in the skin reactions to foods. Proper elimination of the offending foods again resulted in the disappearance of the arthritis.

The time interval between the tests on these patients varied from 13 to 104 months. The period of relief varied from 13 to 100 months, with an average of 28 months.

F.

Report of a Case of Peripheral Neuritis With Hypertension Following Serum Therapy. Robertson, H. F., and Varmus, F.: Mil. Surgeon **95**: 129, 1944.

The administration of tetanus antitoxin was followed in ten days by polyneuritis of the cervicobrachial plexus, associated with paresis of the vocal cords, papilledema, and transient hypertension. Eventually, recovery was complete.

F.

Anaphylaxis

An Attempt to Desensitize Against Tuberculobacillary Allergy. Corper, H. J., and Cohen, M. L.: Am. J. Clin. Path. **14**: 344, 1944.

Attempts to desensitize tuberculobacillary hypersensitive guinea pigs by means of repeated subcutaneous injections of heat-killed tubercle bacilli suspended in mineral oil or in saline were unsuccessful. A depression of the cutaneous allergic hypersensitivity to tuberculin and to bacillary bodies occurred when desensitization was attempted by the intravenous route. This was attributed not to a desensitization, but to the effect of the intravenously introduced bacilli on the general vascular or inflammatory response of the animals. The repeated intravenous injection of heat-killed tubercle bacilli had no appreciable effect upon the course of the tuberculous infection in these animals.

H.

The Immunochemistry of Allergens. VI. Anaphylactogenic Properties of a Proteic Component of Kapok Seed and the Relationship of Kapok-Seed Antigens to Cotton-seed Antigens. Coulson, E. J., Spies, J. R., and Stevens, H.: J. Immunol. **49**: 99, 1944.

The immunologic relationship of the allergenic proteic fraction of kapok seed to the crude extract of the seed was investigated. The relationship of kapok-seed antigen to cottonseed antigens was also studied.

Several proteic fractions of kapok seed were prepared according to the technique previously employed by the authors in preparing cottonseed fractions. They were designated as (1) Kap, unfractionated aqueous extract of cottonseed; (2) Kap E, exhaustively dialyzed kapok-seed extract; (3) Kap (S) N/2, sodium chloride extract of kapok seed; (4) KG, kapok seed globulin fraction; (5) KS-1A, proteic-polysaccharidic fraction from kapok seed; and (6) KS-13, allergenic proteic component of KS-1A, recovered from the picrate derivative of KS-1A. Similar cottonseed fractions were prepared.

In Schultz-Dale experiments, guinea pigs were sensitized by either subcutaneous injections of alum-treated solutions or by intra-abdominal injections of untreated preparations. The results indicated that KS-1A, the proteic-polysaccharidic fraction of kapok seed, is immunologically distinct from the other proteins of kapok seed and is a preformed native protein. Cross reactions were obtained between the aqueous extracts of cottonseed and kapok seed, indicating that these extracts contain identical or closely related antigens. Cross reactions were also observed between kapok-seed extracts and cottonseed preparations.

Kapok seed was found to contain a water-soluble antigen that is present in cottonseed and a salt-soluble antigen that sensitized animals to the cottonseed globulin fraction. Cross reactions occurred between the globulin fractions from cottonseed and kapok seed, indicating the presence of a common antigen. Further studies revealed that fractions CS-1A, CS-51R, and KS-1A contain a common antigen. This antigen was absent in the kapok-globulin fraction. The second water-soluble common antigen, contained in unfractionated aqueous extract of kapok seed (Kap), was found to be different from that present in KS-1A and CS1-A, the proteic polysaccharidic fractions from kapok seed and cottonseed respectively. It was also found that the two antigens common to cottonseed, which are present in Kap, were different from that contained in KG.

Precipitin studies with a high titered rabbit antiserum for fraction CS-1A were made with fractions CS-1A, CS-51R, and KS-1A. These studies confirmed the results of the cross reactions obtained by the Schultz-Dale technique.

Analysis of all these results indicated that there are three common antigens in cottonseed and kapok seed. The allergenic protein fraction KS-1A from kapok seed contains an antigen corresponding to CS-51R from cottonseed. A second common antigen, different from that present in CS-51R or KS-1A, was also present in aqueous extracts of cottonseed and kapok seed. The third common antigen was found in the saline extracts and in the globulin fractions of kapok seed and cottonseed. Two of the common antigens are apparently present in greater concentration in cottonseed extracts than in kapok-seed extracts. This is not true of the second water-soluble antigen. These results confirm the findings of Coca and Grove, who demonstrated in passive transfer experiments that cottonseed extract always desensitized to kapok seed but that kapok seed did not desensitize to cottonseed. The authors are of the opinion that hypersensitivity to kapok seed in allergic individuals is probably induced only by contact with cottonseed. Exposure to kapok fibers probably does not induce sensitivity to the seed. However, if individuals were sufficiently exposed to kapok seed, they would most likely develop sensitivity to allergens distinct from cottonseed.

A.

Inhibition of Histamine Effects by Compounds of Histamine, Histidine, and Arginine. Rocha e Silva, M.: J. Pharmacol. & Exper. Therap. **80**: 399, 1944.

Studies on the inhibition of histamine effects upon the isolated intestinal strip of the guinea pig were made with derivatives of histamine, arginine, and histidine. It was found that benzoyl-l, arginine amide was many times more active than arginine monohydrochloride and displayed an inhibitory potency similar to that of histidine monohydrochloride. The histamine compounds studied were pharmacologically inactive, but still retained the imine (=NH) group in a free state and showed an antihistamine activity comparable to that of histidine monohydrochloride and of benzoyl-l, arginine amide. These results are in accord with the views of Ackermann, who suggested that the inhibitory effect of arginine and histidine depends upon the competition between the corresponding imine groups of these amino acids and of histamine on its anchoring capacity upon the cellular receptors. Results of the guinea pig intestinal strip studies showed that 0.5 to 1.5 Gm. of either arginine or histidine would be enough to counteract the effect of 2 to 5 gamma of histamine base.

F.

Miscellaneous

Hypersensitivity of the Tuberculin Type to Crystalline Penicillin Sodium. Welsh, H., and Rostenberg, A., Jr.: J. A. M. A. **126**: 10, 1944.

Among a group of persons tested intracutaneously with penicillin, a single individual was found who gave a delayed (tuberculin) type of reaction which first became manifest within six hours and reached its maximum in twenty-four to forty-eight hours. The reaction, which occurred with both commercial penicillin sodium and crystalline penicillin, consisted of erythema and edema followed by exudation. Patch tests gave positive results only at the site of a previous intracutaneous injection. Tests with corn steep liquor medium (normally used for the production of penicillin) were negative or only very weakly positive. Precipitin studies with the serum of the subject were negative, as were attempts at passive transfer to both rabbit and man. The subject had had intimate occupational contact with molds over a period of fifteen years.

F.

Demerol: A New Synthetic, Analgetic, Spasmolytic, and Sedative Agent. I. Pharmacologic Observations. Yonkman, F. F., Noth, P. H., and Heeht, H. H.: Ann. Int. Med. **21**: 7, 1944.

Demerol, the new substitute for morphine for use in both acute and chronic conditions, is the ethyl ester of 1-methyl-4-phenyl-piperidine-4-carboxylic acid. It has a slightly bitter taste. Chemically, it is related

to both atropine and morphine. It resembles atropine in its anticholinergic action, production of mydriasis, suppression of saliva, and insulation of heart, bronchi, and intestines against vagal irritation. It resembles papaverine in its spasmolytic action, directly relaxing the musculature of the bronchi, intestines, uterus, and blood vessels. It resembles morphine sulfate in its analgetic, sedative, and euphoric effects. The occasional side effects are very much like those seen with morphine. Demerol is readily absorbed by the oral, subcutaneous, or intramuscular routes. The strong papaverine-like effect on smooth muscle is more intense when spasm is present. Demerol is a safe drug and has been administered to man and animals in high doses in toxicity studies.

H.

Demerol: A New Synthetic, Analgetic, Spasmolytic, and Sedative Agent. II. Clinical Observations. Noth, P. H., Hecht, H. H., and Yonkman, F. F.: Ann. Int. Med. **21**: 17, 1944.

The average dose of demerol is 100 mg. orally or intramuscularly and has been administered by the writers from one to eight times daily. The dose for children is 10 to 75 mg. If administered intravenously, it must be diluted and given very slowly. Undesirable side-reactions have been noted, however, on intravenous use. Subcutaneous injection may produce annoying local irritation. The analgetic effect of demerol, which is superior to that of codeine when given orally, appears in twenty to thirty minutes and lasts one to three hours. Following intramuscular injection, the analgetic effect is obtained in five to twenty minutes. As a sedative, demerol produces a pleasant drowsiness or outright sleep. All functions of the central nervous system are generally reduced. The sedative effect may not be produced uniformly in all patients. In one epinephrine-fast asthmatic patient, sleep was achieved in twenty minutes. In two other cases not relieved by aminophyllin or an epinephrine spray, relief from the asthmatic attacks followed after the oral use of demerol for two days. The side-effects of demerol consist of dizziness, nausea, vomiting, euphoria, headache, and dryness of the mouth. In one patient, the oral administration of demerol, twenty-five days after it had been discontinued, resulted in severe vasomotor collapse, bronchial spasm, nausea, and vomiting. These symptoms were reproduced on two separate occasions. The addictive properties of demerol are not as pronounced as those of the opiates. Demerol produces a greater analgetic effect than one grain of codeine.

H.

Production and Implications of an Antiserum to Necrosin. Menkin, V.: Proc. Soc. Exper. Biol. & Med. **56**: 217, 1944.

Necrosin is a factor liberated in the euglobulin fraction of exudates and appears to be responsible for the pattern of injury in acute inflamma-

tion. A series of rabbits was immunized with varying doses of necrosin in an attempt to produce an antiserum against this factor. The injections were given subcutaneously at six-day intervals. An edematous inflammation of the skin with hemorrhagic necrosis usually developed after the fourth injection. This seemed to be a typical Arthus phenomenon. The blood of rabbits immunized with necrosin developed a high precipitin titer against necrosin from a week to a month after the sixth immunizing injection. It was concluded that necrosin is antigenic and may produce antisera of high titer, which may be of practical value in hastening the healing of wounds and in diminishing the toxic or injurious manifestations of inflammatory or infectious processes.

A.

Dust Bronchitis. Toomey, J. A., and Petersilge, C. L.: J. Pediat. **25**: 25, 1944.

A type of noninfectious dust bronchitis, previously observed in the Dust Bowl area, was seen among a group of institutionalized children. Inhalation of the finely pulverized dust from a playground area was responsible for the symptoms. The incidence of the condition was closely correlated with the sparcity of rainfall. Treatment was symptomatic and all cases responded favorably.

F.

Studies on Trichinosis. Wright, W. H., and Jacobs, L.: Pub. Health Rep. **58**: 1293, 1943.

A survey of the incidence of trichina infection in the United States was conducted by examination of the diaphragms of persons routinely autopsied in various hospitals all over the country. The specimens were preserved and forwarded to Washington, D. C., for examination. The specimens were first examined microscopically for the presence of larvae. The remainders of the diaphragms were ground and digested in artificial gastric juice, and then examined for larvae by the use of the Baermann apparatus. It was found that of 5,113 examinations, 854, or 16.7 per cent, showed the presence of live or dead larvae in the diaphragm muscle. In a series of 200 diaphragms removed from persons of Jewish extraction, one showed the presence of larvae. These results approximate those obtained by other investigators (16.4 per cent in 6,618 examinations). Of the 855 positive cases in the present series, 85.7 per cent showed less than eleven larvae per gram of tissue and 4.5 per cent showed more than fifty larvae per gram. Infections with counts of fifty or more larvae generally caused marked clinical symptoms. Previous infections do not protect against subsequent ones. Not all cases of trichinosis are diagnosed either clinicall or anatomically.

A.

Allergy Abstracts

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AUTHORS INDEX

A

Anderson, C. R., *55*
Apley, J., and Grant, G. H., *50*
Applebaum, I. I., and Wexberg, L. E., *29*

B

Ballestero, L. H., and Monticelli, J. V., *51*
Barbosa, J. F., *24*
Bauman, L. (*See* Page, R. L.)
Bender, M. B., *16*
Bloom, N., and Walker, H., *42*
Boldt, M. H. (*See* Kabat, E. A.)
Bonanto, M. V. (*See* Freund, J.)
Brandes, W. W., Cooke, R. A., and Osborne, M. P., *1*
Braun, K., Czertok, J., and Kornbleuth, W., *42*
Brown, A. (*See* Silverhorne, N.)
Brown, W. E., Wilder, V. M., and Schwartz, P., *32*
Burger, M., *32*
Burkhart, R. J., and Montgomery, H., *4*
Burky, E. L. (*See* Hopkins, H. H.)
Butler, D. B., and Ivy, A. C., *40*

C

Cancado, J. R., *57*
Cannon, P. R., *32*
Carpenter, C. C. (*See* Graves, W. N.)
Castellanos, L., *23*
Castio, C. (*See* Passarelli, N.)
Coca, A. F., *12, 43*
Cohen, M. B., *17*
Cohen, M. L. (*See* Corper, H. J.)
Cooke, R. A. (*See* Brandes, W. W.)
Cope, H. E. (*See* Gottschall, R. Y.)
Corper, H. J., and Cohen, M. L., *60*
Coulson, E. J., Spies, J. R., and Stevens, H., *60*
Culbertson, J. T., Rose, H. M., and Demarest, C. R., *30, 31*
Czertok, J., (*See* Braun, K.)

D

Darke, R. A., *6*
David, J. E. (*See* Harris, A. M.)
Davin, J. R. (*See* Pirkle, H. B.)
Deissler, K. J., *51*
DeKruif, P. (*See* Gottschall, R. Y.)
Demarest, C. R. (*See* Culbertson, J. T.)
Derbes, V. J., and Winsor, T., *2*
—. (*See* Engelhardt, H. T.)
D'Ingranni, V., *38*
Dobes, W. L., and Nippert, P., *23*
Dowling, H. F., and Lepper, M. H., *26*
Dragstedt, C. A., *15*
Dumm, J. F. (*See* Estiu, M.)

E

Edmondson, E. E., *33*
Ellis, F. A., *37*
Emerson, K., Jr., *17*
Engelhardt, H. T., and Derbes, V. J., *12*
Epstein, H. C. (*See* Toomey, J. A.)
Estiu, M., and Dumm, J. F., *42*

F

Fabricant, N. D., *39*
Farber, S., Pope, A., and Landstein, E., Jr., *28*
Feldman, L. A., and Sherman, H., *8*
Field, C. E., *18*
Flesch, P. (*See* Orland, F. J.)
Foldes, F. F., *47*
Fox, R. A., and Jones, L. R., *29*
Fraser, T. (*See* Silverhorne, N.)
Freeman, H. E., *54*
Freund, J., and Bonanto, M. V., *48*
Frist, I. F., *27*

G

Garrilove, J. L., and Kert, M. J., *13*
Gay, L. N. (*See* Landau, S. W.)
Gerber, I. E., and Gross, M., *13*
Gibson, E. B. (*See* Randolph, T. G.)
Goldman, B. (*See* Goldman, L.)
Goldman, L., and Goldman, B., *57*
Gollom, J., *56*
Goodman, E. G. (*See* Hansen-Pruss, O. C.)
Gottschall, R. Y., DeKruif, P., Cope, H. E., and Laurent, D., *45*
Grant, G. H. (*See* Apley, J.)
Graves, W. N., Carpenter, C. C., and Unangst, R. W., *54*
Gray, M. (*See* Sachs, W.)
Greco, J. B., *33*
Gross, M. (*See* Gerber, I. E.)

H

Hailey, H., *5*
Hall, A. F., *52*
Hand, E. A., *36*
Hansen-Pruss, O. C., and Goodman, E. G., *18*
Harkavy, J., *11*
Harley, R. D. (*See* Snow, J. S.)

Harris, A. M., and David, J. E., *2*
Hazen, H. H., *36*
Hecht, H. H. (*See* Noth, P. H.)
—. (*See* Yonkman, F. F.)
Hench, P. S., and Rosenberg, E. F., *58*
Hollander, L., *53*
Hooker, S. B., *49*
Hopkins, H. H., and Burky, E. L., *3*
Hopps, H. C., and Moulton, S., *15*
Howell, J. B., *38*
Hueper, W. C., and Ichniowski, C. T., *30*

I

Ichniowski, C. T. (*See* Hueper, W. C.)
Ivy, A. C. (*See* Butler, D. B.)

J

Jacobs, L. (*See* Wright, W. H.)
Jones, L. R. (*See* Fox, R. A.)
Jones, S. H., and Souders, C. R., *50*

K

Kabat, E. A., and Boldt, M. H., *27*
Kaplan, I. I., and Rubenfeld, S., *33*
Keil, H., and Van Dyck, L. S., *53*
Kert, M. J. (*See* Garrilove, J. L.)
Klorfaju, I. (*See* Tate, B. C.)
Kopeloff, L. M., and Kopeloff, N., *45*
Kornbleuth, W. (*See* Braun, K.)
Kriete, F. M. (*See* Toomey, J. A.)

L

Landau, S. W., and Gay, L. N., *14*
Landstein, E., Jr. (*See* Farber, S.)
Laurent, D. (*See* Gottschall, R. Y.)
Leftwich, W. B., *10*
Lepper, M. H. (*See* Dowling, H. F.)
Lerman, J., *26*
Linhart, W. O., *41*
Lockey, S., *6*
Long, A. P., *47*
Lopez de Faria, J., *44*
Lowell, F. C., *25*

M

Madden, J. F., *36*
Mason, H. S. (*See* Peck, S. M.)
Menkin, V., *46, 63*
Merrill, E. D., *7*
Meyer, A. H., *27*
Miller, C. S. (*See* Sachs, W.)
Montgomery, H. (*See* Burkhart, R. J.)
Monticelli, J. V. (*See* Ballestero, L. H.)
Moore, M. T., *13*
Morgenstern, M., (*See* Stein, W.)
Moses, L. (*See* Rubin, S.)
Moulton, S. (*See* Hopps, H. C.)
Mulvehill, W., *38*

N

Nagler, F. P. O., *20*
Nippert, P. (*See* Dobes, W. L.)
Norris, C. M., *40*
Noth, P. H., Hecht, H. H., and Yonkman, F. F., *63*
—. (*See* Yonkman, F. F.)

O

Oliveira, Lima, A., *43*
Orland, F. J., Flesch, P., and Rothman, S., *35*
Osborne, M. P. (*See* Brandes, W. W.)

P

Page, R. L., and Bauman, L., *26*
Passarelli, N., Pinto de Miranda, M., and Castio, C., *34*
Peck, S. M., Spolyar, L. W., and Mason, H. S., *20*
Peshkin, M. M., *7*
Petersilge, C. L. (*See* Toomey, J. A.)
Pinto de Miranda, M. (*See* Passarelli, N.)
Pirkle, H. B., and Davin, J. R., *50*
Pope, A. (*See* Farber, S.)

R

Randolph, T. G., and Gibson, E. B., *41*
Richards, R. K., *31*
Robertson, H. F., and Varmus, F., *60*
Rocha e Silva, M., *62*
Rockwell, G. E., *19*
Rogers, H. L., *19*
Rolett, D. M., *24*
Rose, H. M. (*See* Culbertson, J. T.)
Rosenberg, E. F. (*See* Hench, P. S.)
Rostenberg, A., Jr. (*See* Welsh, H.)
Rothman, S. (*See* Orland, F. J.)
Rubenfeld, S. (*See* Kaplan, I. I.)
Rubin, S., and Moses, L., *2*
Ruiz Moreno, C., and Spegazzini, R., *51*

S

Sachs, W., Miller, C. S., and Gray, M., *55*
Sack, S. S. (*See* Walzer, A.)
Schlaegel, T. F., *9*
Schonwald, P., *6*
Schwartz, L., *38, 52*
Schwartz, P. (*See* Brown, W. E.)
Scobee, R. G., and Slaughter, H. C., *24*
Shaw, C., *21*
Sherman, H. (*See* Feldman, L. A.)
Silverhorne, N., Fraser, T., and Brown, A., *8*
Simon, F. A., *3, 37*
Slaughter, H. C. (*See* Scobee, R. G.)
Snow, J. S., and Harley, R. D., *22*
Souders, C. R. (*See* Jones, S. H.)
Spegazzini, R. (*See* Ruiz Moreno, C.)
Spies, J. R. (*See* Coulson, E. J.)
Spolyar, L. W. (*See* Peck, S. M.)
Stead, E. A., and Warren, J. V., *46*
Stein, W., and Morgenstern, M., *44*
Sternberg, L., *56*
Stevens, H. (*See* Coulson, E. J.)
Swineford, O., Jr., *34*
—, and Weaver, W. M., *3*

T

Tate, B. C., and Klorfaju, I., *5*
Toomey, J. A., Kriete, F. M., and Epstein, H. C., *7*
—, and Petersilge, C. L., *64*
Turnbull, J. A., *59*
Tyler, E. R., *22*

U

Unangst, R. W. (*See* Graves, W. N.)
Unger, L. (*See* Wolf, A. A.)
Urbach, E., *59*

V

Van Dyck, L. S., (*See* Keil, H.)
Varmus, F. (*See* Robertson, H. F.)

W

Walker, H. (*See* Bloom, N.)
Walzer, A., and Sack, S. S., *34*
Warren, J. V. (*See* Stead, E. A.)
Weaver, W. M. (*See* Swineford, O., Jr.)
Weiser, H. I., *49*
Welsh, H., and Rostenberg, A., Jr., *62*
Wexberg, L. E. (*See* Applebaum, I. I.)
Wilder, V. M. (*See* Brown, W. E.)
Winsor, T. (*See* Derbes, V. J.)
Wolf, A. A., and Unger, L., *43*
Wright, W. H., and Jacobs, L., *64*

Y

Yonkman, F. F., Noth, P. H., and Hecht, H. H., *62*
—. (*See* Noth, P. H.)

SUBJECT INDEX

A

Abdominal pain, paroxysmal, *13*
Absorption of cottonseed allergen through skin, *34*
Acetylcholine liberation in anaphylactic shock, *28*
Allergy, blood studies in, *41*
  effect of neuro-hormonal influences on, *11*
Ambrosia tenuifolia pollen in Argentina, *51*
Anacardiaceae dermatitis, *7*
Anaphylactic shock, acetylcholine liberation in, *28*
    antigenic dose in relation to, *15*
    arginine effect on, *14*
    fever, influence on, *45*
    histamine liberation in, *28*
    histidine effect on, *14*
Anaphylaxis, neuro-hormonal influences on, *11*
  passive, quantitative studies in, *27*
  reaction of denervated iris in, *16*
  vascular allergy and, *29*
Antibodies, to brain, *45*
  to necrosin, *63*
Antibody, production, and protein metabolism, *32*
    effect of paraffin oil, lanolin-like substances, and killed tubercle bacilli on, *48*
Antigens, immunochemistry of cottonseed and kapok seed, *60*
  sensitization by inhalation to, *15*
Arginine, effect on anaphylaxis of, *14*
Arthritis caused by foods, *59*
  relationship to allergy, *58*
Aspirin, sensitivity to, *42*
Asthma, classification of, *17*
  complicated by emphysema, subcutaneous, *18*
    by massive collapse, *18*
    by pneumothorax, spontaneous, *18*
  differential diagnosis of, tropical eosinophilia in, *17*
  electroencephalography in, *2*
  exercises in, *49*
  extrinsic, *17*
  intrinsic, *17*
  occupational, *2*
  pathology in, *17*
  treatment of, *49*
    by x-ray, *33*

B

Blood studies in allergy, *41*
Breathing exercises in asthma, *49*
Bronchiectasis, sulfonamides and bronchoscopy in treatment of, *40*
Bronchitis, dust, *64*

C

Capeweed, sensitivity to, *36*
Cardiovascular allergy, *42*
Cashew nut oil dermatitis, *6*
Cataract and dermatoses, *24*
Caterpillars as a cause of urticaria, *38*
Collodion particle agglutination technique, *32*
Conjunctival reactions, slit lamp studies of, *8*
Conjunctivitis, allergic, *41*
Constitutional reaction causing pulmonary edema, *51*
Contact dermatitis (*See* Dermatitis)
  testing, of buccal mucous membrane, *57*
Cosmetic dermatitis, *23*
Cottonseed and kapok seed antigens, relationship of, *60*
  oil, properties of, *32*
Cutaneous absorption of allergen, *34*
  autosensitization, *3*
  test in filariasis, *30*
    in herpes simplex, *20*
    in loaiasis, *31*
    in onchoceriasis, *31*
    in pertussis, *8*
    in sulfonamide sensitivity, *10*

D

Dander, dog, qualitative differences in, *49*
  human, eczema caused by, *37*
Demerol, clinical studies with, *63*
  pharmacology of, *62*
Dermatitis caused by aluminum, *52*
    anacardiaceae, *7*
    capeweed, *36*
    carrots, *20*
    cashew nut oil, *6*
    chromate, *52*
    cold permanent wave, *38*
    cosmetics, *23*
    dural, *52*
    explosives, *38*
    lacquer, *5*
    leg make-up, *37*
    manzanillo tree, *22*
    merthiolate, *53*
    nail polish, *23, 36, 53*
    procaine, *35*
    rabbits, *22*
    rat mite, *55*
    shoes, *21*
  eyelid, *36*
  occupational, in air craft industry, *52*
    in manufacture of hydrochloric acid, *52*
Dermatophytoses, allergic aspects of, *6*

Dermatoses, juvenile cataract and, *24*
serum protein in, *38*
Drug fever from sulfonamides, *26*
Dust bronchitis, *64*

E

Eczema, chronic, autosensitization as a cause of, *3*
human dander allergy in, *37*
Eczematoid dermatoses, histopathology of, *55*
Electroencephalography in asthma, *2*
Emphysema from bronchiolar lymphoid hyperplasia, *1*
subcutaneous, complicating asthma, *18*
Endophthalmitis phacoanaphylactica, *24*
Ephedrine sulfate, effect on red blood cells of, *2*
Epinephrine, absorption of, zinc chloride effect on, *47*
effect of sodium bisulfite on, *31*
Eosinophilia in cerebrospinal fluid, *29*
tissue, dermatologic significance of, *4*
tropical, *17*
Eosinophilic pulmonary infiltration, *50*

F

Familial nonreaginic food allergy (*See* Food allergy)
Fever, effect on anaphylactic shock, *45*
Filariasis, cutaneous test for, *30*
Fixed drug eruption from sulfonamides, *54*
Food allergy, in Brazil, *43*
migraine and, *43*
nonreaginic, interpretation of pulse record in, *12*
sympathectomy for, *43*
propeptans in diagnosis and treatment of, *59*
simulating infectious mononucleosis, *41*

G

Gall bladder disease and allergy, *58*
Globin insulin, reactions to, *26*

H

Hay fever caused by Beta vulgaris, *51*
minor pollens in Pennsylvania, *19*
plantain pollen, *19*
sorrel pollen, *19*
immunity in, *34*
in Argentina, *51*
treatment of, abuse of nose drops in, *56*
by nasal application, *33*
privine in, *56*
Headache, allergic, *42*
Herpes simplex, skin test for, *20*
Histaminase in prevention of serum sickness, *7*
Histamine, effect on capillary permeability of, *46*
inhibition of, by histidine and arginine, *14*, *62*
liberation in anaphylactic shock, *28*
shock, histology of late vascular reactions in, *30*
Histidine and arginine, inhibition of histamine by, *62*
effect on anaphylaxis of, *14*
History-taking in allergy, *3*
Human dander, patch test with, *37*
Hyperglycemic effect of epinephrine and zinc chloride, *47*
Hypersensitivity, tuberculin type, to penicillin, *62*
Hypertension following serum therapy, *60*

I

Immunity and protein metabolism, *32*
Infectious mononucleosis simulated by allergy, *41*
Inhalation sensitization, *15*
Insulin allergy and resistance, *25*, *26*
reactions in allergic and nonallergic subjects, *26*
reactions with globin-type, *26*

K

Kapok seed and cottonseed antigens, relationship of, *60*
Keratoconjunctivitis from manzanillo tree, *22*

L

Lacquer dermatitis, *5*
Lanolin-like substances, effect on antibody formation of, *48*
Lens protein, sensitivity to, *24*
Leukocytosis-promoting factor, antigenicity of, *46*
Liver extracts as allergens, *12*
Loaiasis, skin test for, *31*
Loeffler's syndrome, *18*, *50*
Lymphocytes in allergic disease, *41*
Lymphoid hyperplasia of bronchioles causing emphysema, *1*

M

Manzanillo tree dermatitis, *22*
Menthol, influence on nasal mucous membrane of, *40*
Merthiolate dermatitis, *53*
Migraine due to milk, *43*
Milk sensitivity, *43*
Molar standardization of ragweed extracts, *19*
Molds in Brazil, *34*

N

Nail polish dermatitis, *23*, *36*, *53*
Nasal inhalers, effectiveness of, *40*
mucous membrane, excessive medication of, *56*
menthol effect on, *40*
pH of, *39*

Necrosin, antiserum to, *63*
Neuritis following serum therapy, *60*
Neuro-hormonal regulations in anaphylaxis and allergy, *11*

O

Ocular reactions to horse serum in rabbits, *9*
Oils for intramuscular injection, properties of, *32*
Onchoceriasis, skin test for, *31*

P

Palindromic rheumatism and allergy, *58*
Paraffin oil, effect on antibody formation of, *48*
Passive transfer testing, syringe control in, *3*
Peanut oil, properties of, *32*
Penicillin as a cause of vesicular eruptions, *54*
  hypersensitivity to, *62*
Pertussis, skin tests in, *8*
pH of nasal and oral mucous membrane, *39*
Plantain pollen in hay fever, *19*
Pneumothorax, spontaneous, complicating asthma, *18*
Pollen, minor, sensitivity to, *19*
  solution standardization, molar method of, *19*
  studies in Brazil, *33*
Privine hydrochloride, dangers in use of, *56*
Procaine dermatitis, *35*
Propeptans in food allergy, *59*
Protamine reactions, *26*
Protein metabolism and immunity, *32*
Pulmonary consolidation in Loeffler's syndrome, *18*
  edema from a constitutional reaction, *51*
Pulse-diet records in familial nonreaginic food allergy, *12*
Purpura, thrombocytopenic, from sulfadiazine, *27*

Q

Quinine, sensitivity to, *42*

R

Ragweed solution, molar standardization of, *19*
Rat mite dermatitis, *55*

S

Sensitization by inhalation of antigen, *15*
Serum protein in common dermatoses, *38*
  sickness, histaminase in prevention of, *7*
    vascular allergy and, *29*
  therapy, nervous complications of, *60*
Sinusitis in childhood, diagnosis and treatment of, *24*
  treatment of, sulfonamides in, *39*
Skin test (*See* Cutaneous test)
Sodium bisulfite, effect on epinephrine toxicity of, *31*
Sorrel pollen as a cause of hay fever, *19*
Stomatitis, contact testing in, *57*
Sulfonamide as a cause of fixed eruptions, *54*
  drugs, thrombocytopenic purpura from, *27*
  in nasal and sinus infection, *39*
  protein conjugate, specificity of, *13*
  reactions on readministration, *26*
  reactions to, *27*
  sensitivity, skin test for, *10*
  sensitization, by local application, *5, 6*
Sympathectomy for nonreaginic food allergy, *43*
Syringe control in passive transfer studies, *3*

T

Tetanus immunity, influence of later doses on, *7*
  toxoid, reactions from, *47*
    use in army of, *47*
Thiamine hydrochloride sensitivity, *44*
Thiouracil, sensitivity to, *13*
Thrombo-angiitis obliterans and tobacco allergy, *44*
Tobacco allergy and thrombo-angiitis obliterans, *44*
Trichinosis, studies in, *64*
Tropical eosinophilia, *50*
    resembling asthma, *17*
Tubercle bacilli, killed, effect on antibody formation of, *48*
Tuberculobacillary allergy, desensitization in, *60*

U

Urticaria, caterpillars as a cause of, *38*
  histaminase in prevention of, *7*

V

Vascular allergy, and serum sickness, *29*
    in anaphylaxis, *29*
  reactions in histamine shock, histology of, *30*
Vasoconstrictors, abuse in hay fever of, *56*
Vasomotor rhinitis, privine in, *56*
Vernal conjunctivitis, ariboflavinosis as a cause of, *23*
Vitamin deficiency and vernal conjunctivitis, *23*

X

X-ray treatment of asthma, *33*

Z

Zinc chloride, effect on epinephrine of, *47*